
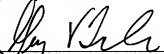


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al.	Group No: 3772
Application No: 10/734,076	Examiner: Patel, Nihir B.
Confirmation No: 7962	Attorney Docket No: 53288-US-CNT (NK.0130.00)
Filed: December 10, 2003	June 5, 2009
Title: METERED DOSE INHALER WITH LOCKOUT	San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
Via EFS <input checked="" type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form(s) <input type="checkbox"/> References <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	Extension (Months)	Extension Fee
		Large Entity Small Entity
	<input type="checkbox"/> One Month	\$130.00 \$65.00
	<input type="checkbox"/> Two Months	\$490.00 \$245.00
	<input type="checkbox"/> Three Months	\$1,110.00 \$555.00
	Total \$ 0.00	
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	32	30	2	\$52.00	\$26.00	\$104.00
Independent Claims	7	7	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Total						\$104.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258.	
Fee for Extra Claim(s)	\$104.00	and/or	
Total	\$104.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ 0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$104.00 .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to:	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent at (571)273-8300, or electronically submitted via EFS on the date shown below:		Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
By:  Date: June 5, 2009 Melanie Hitchcock		Respectfully Submitted,  By: Guy V. Tucker Registration No. 45,302	